

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[initials]</i>	<i>[initials]</i>	
O.I.P.E. CLASSIFIER		49	9/15/00
FORMALITY REVIEW	<i>[initials]</i>	52361	10/16/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	10/15/00
2	10/15/00
3	10/15/00
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47	10/15/00
48	10/15/00
49	10/15/00
50	10/15/00

Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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